

**BUREAU OF
UNDERGROUND STORAGE MANAGEMENT**

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INSTRUCTIONS – CORRECTIVE ACTION INVOICE FORM

PURPOSE – THIS FORM PROVIDES A STANDARD FORMAT FOR SUBMITTING A REQUEST FOR PAYMENT OF CORRECTIVE ACTION ACTIVITIES.

INSTRUCTIONS:

UST Permit # - 5 digit # assigned to the project. Can be found on approval letter.

County – County where facility is located.

Facility Name – Name of UST facility where work is performed.

Street Address – Address of UST facility.

Invoice # - This number is assigned by the contractor or person requested payment. It would be their internal invoice # for tracking purposes.

Cost Proposal # - Number assigned by the Bureau of UST Management to track the invoices for a specific project. Can be found on the approval letter.

For Work performed during – Inclusive dates for which work was performed for the invoice.

Approved Price for the CA – Total approved price for the Corrective Action. Can be found on the approval letter.

Based on a report submitted – Report that was submitted to verify work was performed.

Request payment for the following: - Payment is based on the amount of cleanup completed. Check appropriate box for payment requested. Refer to original bid packages for payment calculation.

Compensation information – Please check the appropriate section (Owner/Operator or State Lead) and check box for whom payment is to be made (Contractor or Owner/Operator)

The last part of the form is the address information for the Contractor and the Owner Operator. Please fill out both section unless you are using the State Lead option. In case of State Lead only fill out the contractor information.